

<p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">15.7</p> <p>Date Filed</p> <p style="text-align: center;">October 14, 2005</p>	<p>Total Pages</p> <p style="text-align: center;">3</p> <p>Effective Date</p> <p style="text-align: center;">February 3, 2006</p>
<p>References/Authority</p> <p>KRS 196.035, 197.020 CPP 9.6, 9.8, 15.2 ACA 4-4292</p>	<p>Subject</p> <p style="text-align: center;"><b>INMATE ACCOUNT RESTRICTION</b></p>	

## I. DEFINITIONS

"Indigent" means an inmate who has maintained a balance in his inmate account of \$5.00 or less for thirty (30) days prior to requesting indigency status.

## II. POLICY and PROCEDURES

Each inmate shall be allowed to have a personal financial account. This account shall be maintained by the institution at which the inmate resides. While allowing freedom of control for each inmate, certain restrictions shall be necessary for institutional security. Each institution shall develop internal policies to administer all necessary restrictions placed on inmate personal accounts.

### A. Receipt of Funds

An inmate shall be allowed to receive funds in accordance with the following:

1. Funds received shall be in the form of a:
  - a) U.S. postal money order made payable to the inmate and shall include the inmate's institutional number;
  - b) Check from a governmental agency, insurance company, stock broker, dividends, pensions, or refund from a vendor; or
  - c) Cashier's check or bank money order if an inmate is withdrawing funds from his savings account to be credited to his inmate account.
2. Excluding funds received from any payor in b) above and immediate family members as defined in CPP 16.1, funds received shall not exceed two hundred dollars (\$200) for any one (1) deposit.

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3. An inmate shall not receive more than five (5) U.S. postal money orders from an individual during a calendar month.
4. Other funds received shall only be accepted if justified by the inmate and approved by the Warden or his designee.

B. Disbursement of Funds

Transfer of funds between inmates shall not be permitted unless the inmates are legally married and have the approval of the appropriate Wardens or designees.

C. Freezing Accounts

1. If an inmate owes the institution money or restitution that is ordered by the Adjustment Committee or Adjustment Officer, his account may be frozen until payment is made. The percentage frozen is discretionary but shall not exceed fifty (50) percent of the account balance.
  - a. Payment of funds authorized by an inmate shall be in addition to restitution and shall be taken as these authorizations are received.
  - b. If an inmate owes restitution as well as other charges for legal postage, copy work, medical co-pays, or other expenses, incoming funds to the inmate's account shall be fully applied to any outstanding authorizations.
2. If there is reasonable suspicion to believe an inmate obtained money in his account by engaging in an illegal financial activity or by violating an institutional rule or federal or state law, the inmate's account may be frozen to allow for a thorough investigation.
  - a. If it is determined the inmate's account will be frozen, a notification form shall be issued in writing. (See "Notification of Restriction of Inmate Account" form)
  - b. After the notification is written, it shall be presented to the inmate to provide notice.
  - c. The inmate shall be given an opportunity to respond to the notice at the time the notification is delivered to the inmate. The response shall be recorded on the notification form and signed by the inmate.
  - d. A copy shall be given to the inmate after it is signed.

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- e. If the inmate refuses to sign, it shall be noted on the form with the signature of the witnessing staff member.
  - f. The notification form shall be reviewed by the Warden or his designee within seventy-two (72) hours excluding weekends and holidays and forwarded to the proper institutional fiscal authority.
  - g. Funds believed to be obtained through illegal methods shall be frozen. This may be accomplished by setting up a separate account for the inmate from which he shall not draw funds.
  - h. An account may be frozen for no longer than sixty (60) days, at which time it shall be re-opened or a new notification written, issued and approved. Inmate funds frozen for investigative purposes shall not exceed a six (6) month period of time.
  - i. If investigation shows no cause for action, the account shall be re-opened.
3. If an inmate is transferred to another Kentucky Department of Corrections institution, his account shall remain frozen until the obligation is paid or until it is reopened, whichever applies. All monies collected shall be forwarded to the institution to which the money is owed.

D. Confiscation of Monies

- 1. Money may be considered contraband per CPP 9.6.
- 2. Seizure of money shall be in accordance with CPP 9.8.
- 3. All money confiscated shall be frozen on the inmate's account until the inmate is no longer incarcerated in a state institution or private prison facility. However, this shall be subject to any valid court order or a final institutional Adjustment Committee's order of restitution.
- 4. Confiscated money may be frozen in a separate account in the inmate's name, but the inmate shall not be allowed to withdraw funds from this account.

ALL INFORMATION CONTAINED ON THIS DOCUMENT SHALL BE PRINTED OR TYPED.

NOTIFICATION OF RESTRICTION OF INMATE ACCOUNT

INMATE NAME AND NUMBER: \_\_\_\_\_

DATE AND TIME OF REVIEW: \_\_\_\_\_

The above named and numbered inmate's account shall be frozen for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STAFF NAME AND TITLE

\_\_\_\_\_  
DATE AND TIME

INMATE'S RESPONSE TO RESTRICTION

The following is \_\_\_\_\_'s response to the restriction notice issued on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_.m.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of this notification. The above accurately reflects my response.

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE AND TIME

WARDEN'S REVIEW

Mark One:      APPROVE \_\_\_\_\_      DISAPPROVE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WARDEN OR DESIGNEE

\_\_\_\_\_  
DATE AND TIME

White Copy to Institutional Records Office  
Yellow Copy to Fiscal Authority  
Pink Copy to Inmate